



MEETING ROOM USE APPLICATION

Name of Organization: _____ Today's Date: _____

Name & Address of Contact Person: _____

Contact Telephone: _____ Contact Email: _____

Contact Library Card Number: _____

Number of Attendees: _____ Purpose of Room Use: _____

Date(s) Requested: _____ Time: _____

Alternate Date(s) : _____ Time: _____

I have read and understand the City of Mountain View Public Library Meeting Room Use Policy and agree to its purpose and authority.

Signature

For Staff Use Only

Room reserved _____ (initials) Today's Date: _____

Confirmed with Contact Person _____ (initials) Today's Date: _____